

RESP RECEIVED

FEB 24 2010



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☒ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☒ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more of the following categories: LQG regulations

497353



RCRA

2. Site EPA ID Number

EPA ID Number IA D 005 136 023

3. Site Name

Name: Henniges Automotive Iowa Inc

4. Site Location Information

Street Address: 3200 Main Street

City, Town, or Village: Keokuk

County: LEE

State: Iowa

Country: USA

Zip Code: 52632

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 326291

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: 3200 Main Street

City, Town, or Village: Keokuk

State: Iowa

Country: USA

Zip Code: 52632

8. Site Contact Person

First Name: Joe

MI: P

Last: Lehrter

Title: SP. EHS Specialist

Street or P.O. Box: 3200 Main Street

City, Town or Village: Keokuk

State: Iowa

Country: USA

Zip Code: 52632

Email: joe.lehrter@hennigesautomotive.com

Phone: 319-524-4560

Ext.: 283

Fax: 319-524-2806

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Henniges Automotive

Date Became Owner: 1/1/2008

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 36600 Corporate Drive

City, Town, or Village: Farmington Hills

Phone: 248-553-5300

State: Michigan

Country: USA

Zip Code: 48331

B. Name of Site's Operator: Henniges Automotive Iowa

Date Became Operator: 1/1/2008

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐

- e. United States Importer of Hazardous Waste

Y ☐ N ☐

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☒
- b. Pesticides ☐
- c. Mercury containing equipment ☒
- d. Lamps ☒
- e. Other (specify) Ballasts/Capacitors ☒
- f. Other (specify) Electronic ☒
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D022	D038				
F003	F005					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)



Shawn McAfee - Plant Manager

2-17-10

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Henniges Automotive Iowa Inc.EPA ID Number IA0005136023U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENTSec. 1 A. Waste description: Flammable Resin Solution from Sleeking operations

B. EPA hazardous waste code(s)

0001

C. State hazardous waste code(s)

D. Source code

G06

E. Form code

W210

F. Quantity generated in 2009

3971.0G. Waste
minimization codeY

Management Method code for Source code G25

HUOM lbsDensity 8.0 ☒ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site?

- ☐
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009H

Sec. 3 A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒
- Yes (CONTINUE TO ITEM B)
-
- ☐
- No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

W10988580056C. Off-site Management
Method code shipped toH020

D. Total quantity shipped in 2009

3971.0

Site 2 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped toH

D. Total quantity shipped in 2009

Site 3 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped toH

D. Total quantity shipped in 2009

Comments: Waste minimization was implemented by reducing usage of Virgin Flock Adhesive, accomplished through more efficient application techniques.



RE: 2009 Hazardous Waste Report question
Lehrter, Joe to: Colleen Thomas

02/24/2010 02:33 PM

Colleen Thomas,

Sorry for the omission. I've attached the completed GM form page 2 of 2.

Joe Lehrter
Senior EHS Specialist
Henniges Automotive Iowa Inc.
3200 Main Street
Keokuk, Iowa 52632
Ph: 319-524-4560 x-283
Cell: 319-795-4286
Fax: 319-524-2806
Think Safe, Be Safe, Stay Safe!

-----Original Message-----

From: Thomas.Colleen@epamail.epa.gov
[mailto:Thomas.Colleen@epamail.epa.gov]
Sent: Wednesday, February 24, 2010 11:46 AM
To: Lehrter, Joe
Subject: 2009 Hazardous Waste Report question

Mr. Lehrter,

We received your 2009 Hazardous Waste Report for Henniges Automotive Iowa Inc (IAD005136023). On the last GM form (page 2 of 2) the information in Section 3 is missing. Please reply to this e-mail with the required information.

Sec 3, Box A: Indicate Yes or No. If the answer is Yes, please complete the information in boxes B, D & E. Thank you.

(See attached file: Henniges Automotive Iowa Inc_GM page 2 of 2.pdf)

Colleen Thomas
The Newberry Group, Inc.
@ EPA Region 7
Phone: (913) 551-7182
Fax: (913) 551-9182

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: Henniges Automotive Iowa Inc.EPA ID Number IAD0051136023GM
FORMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste description: <u>Mixture of flammable spent & recovered liquids generated in spray paint operations</u>		
	B. EPA hazardous waste code(s) <u>D001 D022 D038</u> <u>F003 F005</u>		
C. State hazardous waste code(s) 		D. Source code <u>G06</u> Management Method code for Source code G25 <u>H</u>	
E. Form code <u>W209</u>		F. Quantity generated in 2009 <u>4345</u> UOM <u>lbs</u> Density <u>7.9</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste minimization code <u>Y</u>

Sec. 2	Was any of this waste managed on site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>H</u>		Quantity treated, disposed, or recycled on site in 2009 		
On-site Management Method code <u>H</u>		Quantity treated, disposed, or recycled on site in 2009 		

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped <u>W1D988580056</u>		
Site 1	C. Off-site Management Method code shipped to <u>H020</u>	D. Total quantity shipped in 2009 <u>4345</u>	
Site 2	C. Off-site Management Method code shipped to <u>H</u>	D. Total quantity shipped in 2009 	
Site 3	C. Off-site Management Method code shipped to <u>H</u>	D. Total quantity shipped in 2009 	

Comments: Waste minimization was improved through substitution with non-flam coatings and improving spray gun and application efficiencies.